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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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QUESTIONS of interest to our readers along this line will be answered through our columns. We expect these to add much of interest to our pages.

OUR AIM is to make this journal an informal interchange of thought and experience between those interested in Alkaloidal medication.

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EDITORIAL CHAT.

If the CLINIC does not please you, take hold and help make it; if it does, say so and give it the encouragement of your contributions.

AN EYE OPENER.

It appears to the CLINIC that quite a number of our contemporaries are being duped by blatant advertizing that pays its bills in stock certificates not worth the paper they are written on. If any have such a customer the CLINIC advises that the matter be looked into. A firm that will

dupe a publisher cannot be expected to be straight in other ways and no journal should carry advertisements for firms that the management cannot, to a reasonable degree, vouch for. If the CLINIC gets duped it will speak right out. Such persons should be exposed.

SPINAL IRRITATION.

There's nothing like a suggestion to CLINIC readers. Owing to one made in March, this comes near being a "spinal irritation" issue and still we have more for another time.

SHALL WE LEAD OR BE LED?

In the days of our fathers it was expected of the physician that he carry and dispense his own medicines. The growth of polypharmacy finally made this impracticable and the corner drug-shop came into being to multiply and increase, almost beyond measure. At first it was the handmaid of the physicians, but later it assumed to be his peer and finally his superior.

This abuse cannot long last. Even now the profession is getting restless and will soon rise up in its might and assert itself.

The triumphs of modern pharmacy place at the command of the physician, in a neat convenient and comparatively inexpensive form, all that is necessary to do a practice more satisfactory to all concerned than can possibly be done with prescriptions filled at the average drug-shop. The means are offered; the public likes the idea; there is much in favor of reverting to the original plan. Let us do so and then, with modern tools in our hands, we will soon emancipate ourselves.

LEADING ARTICLES

NUCLEIN MEDICATION—ITS PHYSIOLOGICAL BASIS AND THERAPEUTIC APPLICATION.

BY JOHN AULDE, M. D.

The subject of nuclein medication being of recent origin, it seems the part of wisdom to acquaint your many readers with some of the elementary facts which led up to the practical adaptation of certain well recognized physiological principles upon which the theory rests. Professor Virchow, in his classical work Cellular Pathology, gave the medical profession exact and, in many instances, surprising data relating to the pathological changes occurring in tissues and cells during the progress of various diseases. About seven years ago I began to study, from a clinical standpoint, the changes taking place in tissues and cells in the case of recovery from disease. Thus in the case of disorders of the renal functions, we can estimate the clinical effects of various medicaments in restoring the functional activity of these structures. Aconite, for example, not only increases the urinary water, but also the output of urinary solids, the results being due evidently, to its influence upon cellular activity. In prescribing remedies for different ailments, we always take into consideration the effect which the drug or remedy will have upon this function and, knowing from physiological and experimental investigation the particular structures upon which a drug or remedy specially acts, it was but a step to designate this universal practice by a name which should cover the entire domain of therapeutics. In this manner originated the name "*Cellulartherapy*" and so far as my observations and study extend, it appears to be appropriate and complete.

Nuclein therapy is substantially a branch of cellulartherapy, since it has to deal directly with the causes at work in the restoration of cell-function, as will be understood from the following illustration: When a person eats a hearty meal, there follows,

in the course of a couple of hours, an increased number of white blood-corpuscles in the circulating fluid. These, it is now believed, are not formed *de novo* but are simply brought into the blood current through some agency which we do not now fully understand. This is called "*digestive leucocytosis*." Now, it is a well-known fact that a person feels much better after partaking of food, and when the food is readily digestible and, as we say, assimilable this sense of well being continues for some time. After cuts, bruises and surgical operations, a similar train of conditions obtain, and is called "*inflammatory leucocytosis*." In pneumonia, daily examinations of the blood will enable the attendant to determine with a reasonable degree of certainty the final outcome of the disease, inflammatory leucocytosis always boding a favorable prognosis. This seems to be Nature's method of conquering disease and we are thus brought face to face with so called "natural conservatism."

It is but recently that the medical profession has been able to form a true conception of the function of the white blood corpuscles. Metschnikoff taught that certain leucocytes, which he termed "*phagocytes*," possessed the power to envelope bacteria and destroy them, and for many years the doctrine of phagocytosis was strongly advocated and as persistently denied. Later on, it was demonstrated that leucocytosis had a wider and more far reaching significance than that which had been advanced in respect to phagocytosis, inasmuch as certain leucocytes (the multinuclear white bloodcorpuscles) possessed certain peculiar properties hitherto unknown, namely, the power to attack bacteria as pointed out by Metschnikoff, and the additional functions of producing a non-irritant and non-toxic antiseptic. This product occurs in the form of a phosphorized proteid, having a somewhat complex base, the phosphorous existing in the form of nucleinic acid and is called nuclein, or nuclein acid. This substance is found in both animal and plant life; wherever there is a nucleus, there do we find nuclein. It can be obtained from yeast cells, from the yolk of the egg, from the blood itself, from

*Reprint from the Medical World.

the testicles, from the brain substance and from the blood-making organs, such as the spleen, the bone marrow, the thyroid and the thymus glands. The source of supply is practically unlimited. In this country, but two products have been studied clinically, viz: that from yeast cells and that obtained from the thyroid and thymus glands. The latter only will be referred to in this paper.

Nuclein, in the form of a solution, is prepared by artificial digestion after preliminary maceration in water, and when introduced into the economy, appears to enact the role of a ferment, establishing an artificial leucocytosis; in other words, it stimulates cellular activity, and thus emphasizes the true physiological basis of cellular therapy. There are a number of diseased conditions in which its effects can be easily studied, both physiologically and clinically. In simple anemia, debility from any cause, and convalescence from acute disease, the results of nuclein medication are prompt and permanent. In malaria, the improved subjective sensations of the patient will be noticeable within a few days, but a more satisfactory test will be found in the examination of the blood under the microscope. In diphtheria, the changed condition of affairs within the first twenty-four hours is sometimes remarkable. In fact, all throat affections are ameliorated, and most of them quickly relieved by the exhibition of nuclein solution.

The question will be asked, "How does this remedy relieve and cure such a varied class of disorders." That brings us to a consideration of the physiological function of nuclein in the human economy. If it were not for the presence of this substance in the organism, what would be the condition of the mouth, the nose, the bronchial tubes, the stomach and intestinal tract, the bladder and the skin? Why, if nature did not provide some form of an antiseptic, all the structures mentioned would very soon become diseased. Pathological changes would result in destructive metamorphosis and, as a consequence, breaking down of tissue would follow, with the absorption

of poisonous products. Auto-infection from the intestinal tracts is all too common but auto-infection from the naso-pharyngeal space, from the tonsils, from the bronchial tubes, from the liver, from the stomach, from the kidneys and the skin is too frequently overlooked. Thus we see that it is the function of nuclein in the organism to destroy—through its antiseptic properties, the thousand and one poisonous products that are liable to accumulate through faulty elimination. The white blood corpuscles have been credited with being the scavengers, but the foregoing is believed to be the true explanation. Just as a yeast poultice cleanses a foul ulcer, or a gargle of the same arrests a sore throat, or a little taken into the stomach, destroys an unhealthy fermentation, so nuclein, taken into the blood-current corrects an abnormal condition of the circulating fluid by enacting the role of a ferment. It is, therefore, indicated in all cases characterized by a *disorganized state of the blood*.

Reasoning from these premises, it might be assumed that a remedy which affords such remarkable results in diseased conditions would be of service in preventing the invasion of disorders dependent upon the presence of micro-organism or their products, and fortunately, this is also true. Investigations have now been in progress for a sufficient length of time to warrant the assertion that this nuclein solution—from the thyroid and thymus glands—will prevent the development of a number of diseases which, hitherto, we have been wholly unable to control; but it would not be policy to enter into an elaboration of this subject, as that will be reserved for a special paper.

We have for months had Nuclein under investigation and while these studies have not been carried out with the scientific accuracy and accompanying research that has characterized the investigation of others, yet it has been sufficient to satisfy us that it is an addition to our "arms of precision" of great value; in fact, it might be called the active principle of life. We heartily recommend it to our professional friends and, for their convenience, are prepared to supply Auld's Nuclein in granules of gr. 1-12 (the average adult dose is four) at 20 cents per 100; 80 cents per 500; \$1.50 per 1,000.—Ed.

THE MALADIES OF WOMEN.

Second Paper.

DYSMENORRHEA, MENORRHAGIA AND UTERINE
HEMORRHAGE OR METRORRHAGIA—THE
NERVOUS SYSTEM AS A FACTOR.

BY W. C. BUCKLEY, M. D.,

I have many encouraging words from physicians in reference to the treatment of these conditions by means of my Uterine Tonic aided by the Sulphur Compound and the "boro-glyceride suppositories."* A long standing case of dysmenorrhœa was cured by Dr. Cowgill and others have been reported through the CLINIC. Menorrhagia frequently yields to its power, especially when given in conjunction with laxatives and such vital modifiers as strychnine arseniate and strychnine hypophosphite. Dr. Marcy's report of a case of menorrhagia successfully treated following my suggestions as reported in the March CLINIC is very interesting. Dr. Tammadge has written encouragingly of the Uterine Tonic and the same also of the Sulphur Compound granules, and wants to learn more of the ganglionic nervous system, its anatomy, physiology, pathology, and therapeutics, also more of the unwritten science connected with the cerebro-spinal system. Who will help him?

Let Professor Robinson, a gentleman who has given much time and study to this all important subject, speak. He says, "To me the most interesting part of the pathology of the sympathetic is the visceral neurosis. In the study of visceral neurosis we have many things to consider. In my work in the dead house I have been impressed with some of the following points; First, visceral neurosis may arise from a small or deficient abdominal brain. Second, there may be deficient or excessive blood supply to the viscera. Third, a kind of premature senility or atrophy of the viscera may occur to give rise to neurosis of organs. Fourth, continual disease may induce an unbalanced condition in the even distribu-

tion of blood supply and nerve forces. The sympathetic nerve seems to have the power to change the amount of local blood supply as in congestions or inflammations. To the sympathetic we must look for the explanation of constipation and diarrhœa. The chief element in visceral neurosis consists in what is termed reflex action, viz: an irritation at any point of the net work of the sympathetic system sets the whole net in disorder and destroys the fine balance of the blood supply, to such an extent that it is varied by dilatation and contraction till even the food becomes an irritant by being excessive or deficient to the need.

The vastness of the sympathetic is yet unknown. Its dependence and independence are as yet unsettled. Its reflexes are chiefly announced by the gynecologist who studies viscera and who observes that irritation in a single viscus will produce, in logical order, (1) indigestion, (2) malnutrition, (3) anemia, (4) neurosis. Within the grasp of the sympathetic resides the regulation of the blood supply and consequently the control of nutrition. It controls the caliber or size of the small blood-vessels and their rhythm."

And he goes on to say that, in his opinion, if this nerve system were more studied there would be less question as what treatment should be applied to it. Disease, he says, always induces excessive or deficient action which results in inciting an organ beyond normal physiological action. Disease, also, often begins by an increase or decrease of physiological action. It is well known* that the sympathetic or ganglionic (vaso-motor) nerves have induced the muscular coat of the blood-vessels to contract and remain contracted until the patient gave up the life principle. But is there no way by which these circular fibres of the vessels can be made to yield? It is said that after contraction these fibers, in the physiological state, yield or relax by virtue of their inherent elasticity and that if they have lost this property, they re-

*Depleteing and antiseptic—Abbott Alkaloidal Co.

*See Medical Summary, 1893, "Physiological and Therapeutical," by the writer.

main contracted and of course death is the result. Is there no help for this state of things, will not the cerebro-spinal system come to the rescue in this condition of affairs if proper vital incitants are brought to bear upon it? It is admitted that this system of nerves acts in opposition to that of the ganglionic because it dilates the blood-vessels, through energizing their longitudinal fibres.

The cerebro-spinal system is composed of gray or vesicular structure, which is regarded as the source of nerve force, and white or fibrous structure consisting of one set of fibers which afford conduction of that force to the muscle energized, which are termed motor, centrifugal or efferent nerves, and another set which transmit impulses to the brain or spinal chord consequent upon irritation, being thus causative of sensation and termed sensory, centripetal or afferent nerves. These, therefore, relieve the constriction produced by extraneous causes, acting through the vaso-motors of the ganglionic system, a wise provision of nature without which physiological activity would at once come to an end and there never would be recovery from severe pathological states.

The dosimetric method of practice is based upon this foundation, and teaches that vital incitants act through this system of nerves in the restoration of bodily vitality. The cerebro-spinal system energizes those muscles which are commonly subject to the will, which are active in all voluntary movements and are, therefore, termed voluntary muscles. They are also known as striated muscles while the longitudinal and oblique muscular fibers of the visceral organs and blood-vessels are known as smooth or non-striated and as involuntary.

Energy to the visceral muscles comes through the splanchnic and spinal accessory nerves, and that to the blood vessels through the cerebro spinal vaso-motors, or, more properly speaking, the vaso-dilators.

The ganglionic system energizes all concentric and constrictor non-striated mus-

cles of the visceral organs. The nerves of spinal origin which, uniting with the ganglionic system, constitute the so-called sympathetic, energize the longitudinal and oblique non-striated muscles of the viscera. Very few if any nerve filaments derived exclusively from ganglionic centers are distributed to striated muscles, except those which are found in the muscular substance of the heart.

The non-striated or smooth muscles are also called involuntary, because they are commonly incited to contraction independently of volition or even consciousness. The various visceral organs and the circulatory system derive the energy which institutes and co-ordinates the movements essential to animal life from the various ganglionic centers of the sympathetic system, and from certain spinal centers which are associated with them, and these spinal and ganglionic centers are themselves in greater or less degree controlled by the sensori-motor centers of the meso-cephale, which in their turn are subordinate to certain cerebral centers, located for the most part apparently in the occipital lobes of the hemispheres, and especially to the influence of the will and of the emotions.

The peripheral ganglionic cells of the sympathetic, co-ordinate the energy of the separate elements of the tissue in which they are placed. It is not possible to trace all nerve fibres to the particular nerve cells in which they have origin or with which they are connected, but it has been done in many instances and there is no reason to suppose that any normal cell exists without such connection, in fact without them they must be useless. These statements are sustained by anatomical investigations and pathological researches. A friend, who has for a number of years given especial attention to these and kindred studies, has kindly permitted me to make use of some of his manuscript notes for which I feel very grateful, as they have been of great service to me in the prosecution of my investigations.

The therapeutics of this question will be the subject of my next paper.

723 Berks street, Philadelphia.

There is no question about the great importance of the subjects discussed in this paper. Almost nothing is known of the action of the sympathetic nervous system. Its distribution is so fine that it practically eludes the average anatomist and we can only study it by its manifestations. A few, Dr. Buckley among them, are getting an insight into its workings, and we shall be very glad of all the information we can get.—ED.

ELECTRICAL ENDOSMOSIS OR CATAPHORESIS.

BY C. S. NEISWANGER, PH. G.

Professor of Electro-Physics, Post Graduate Medical School of Chicago.

Dear Sir:—In the International System of Electro-therapeutics, page C-12, Dr. Frederick Peterson says that potassium iodide and tincture of iodine should be applied by means of the anode or positive pole, while in the same work, page N-8, Dr. Walling says exactly the reverse. I know many physicians who would like to be set right on this matter, and therefore ask you (through the columns of the CLINIC or otherwise) to state such physical facts as may be necessary for that purpose. E. T.

Omaha, Neb., March 2, 1895.

Electric endosmosis and exosmosis are not new operations but have long been known and in therapeutics properly come under the head of electrolysis.

In the nomenclature given us by Faraday, those ions or products of decomposition which appear at the anode or positive pole he called "anions," and those which appear at the cathode or negative pole, "cations."

The anions are electro-negative and are repelled by the negative pole because they are the same potential as that pole. The cations are electro-positive, and being repelled by the positive pole, whose potential is the same, they are drawn to the negative pole in accordance with the well-known law that "unlike poles attract each other."

Iodine, bromine, chlorine, oxygen, etc., are anions or electro-negative elements and have a strong affinity for the *positive* pole; therefore, when treating, for instance, an enlarged thyroid gland with solution of

potass. iodide, we must use the solution on the *negative* pole if we wish to utilize the resolvent effects of the iodine.

Nearly all of the metals, so far as we know, are "cations" and appear at the negative pole; if, then, we put a solution of potass. iodide on the positive pole and complete the circuit through some conducting medium, the potassium hydrate being a metal and a cation, will be transferred through the medium to the negative pole, while the iodine being an anion will remain at the positive pole, for which it has an affinity, and we will merely have the same effect as from a local application of iodine. Reference was made to this fact in a physical way in a preceding article; in commenting upon the best way of testing the polarity of a battery, the writer said, "Wet a small strip of bibulous paper with a solution of potass. iodide (any strength) and place the two cord tips from an acting galvanic battery about one-half inch apart on the wet paper, when the positive pole will leave a deep brown stain of iodine."

All the bases are electro-positive or cations, and if we were using a solution of morphia sulph. or cocaine hydrochlor. we would apply from the positive pole, when the base, which in this instance we wish to utilize, will be transferred through the tissues to the negative pole, for which it has an affinity. When using a solution of potass. iodide it is not the purpose of the operation to convey the potassium or base through the underlying tissue, but the iodine.

Some beneficial results may be obtained from the use of iodine on the positive pole by what might be called "secondary reaction," which may be explained by the old experiment of the glass rod and pith ball: the rod having a positive charge, by excitation will pick up the pith ball because it is of opposite polarity or different potential, but after awhile, or when the disturbed equilibrium is restored and the ball becomes the same potential as the glass rod, it is repelled.

The same phenomena takes place when

we use the iodine on the positive pole; the iodine being of different electric potential than the positive pole is first drawn to it, but afterward by secondary reaction or when the difference of potential is restored, it is repelled and does penetrate the tissues to a certain depth. Possibly this is the secret of the good results claimed by some operators when using iodine from the positive pole.

Considerable ingenuity is necessary at times on the part of the practitioner in making these applications, as for instance, in using a solution of potass. iodide for making an application of iodine to the endometrium, we would take a small applicator or sound, wound with absorbent cotton, dip into a solution of potass. iod. and when in situ attach to the positive pole and the iodine will be set free just where you want it, although the application will be purely local unless the seance is prolonged to the point where secondary reaction is established.

This subject will be continued in the next issue under the head of "Metallic Electrolysis."

6354 Maryland ave.

For the benefit of any who receive this number of the CLINIC as a sample copy we will say that articles have already been published from Prof. Neiswanger as follows: "Electricity, The Reason Why," in January, "Some Practical Points on the Removal of Superfluous Hair by Electrolysis," in February, "The Removal of Warts, Moles, Naevi, etc., by Electrolysis," in March. These have been happily and profusely illustrated as required and should be in the hands of every general practitioner. This can be accomplished by subscribing for the CLINIC. This series of articles will continue throughout the year.—ED.

ABBOTT ALKALOIDAL CO:

I received the premium pocket case and am more than pleased with it and with the medicine also. W. B. Squire, M. D.
Worthington, Ind.

THE ABBOTT ALKALOIDAL CO.—I wish to say that of all granules made in this country yours give me the best results.

Stanton, Pa. W. T. CRAWFORD, M.D.

ALKALOIDAL NOTES: CONSTIPATION, RATIONAL AND SUCCESSFUL TREATMENT.*

W. C. ABBOTT, M. D.

There is scarce an issue of your valuable journal that does not contain some mention of constipation, accompanied by suggestions for the treatment thereof. There is no question but that this is a widespread evil and one which always will exist in our more or less unnatural ways of living. Therefore, to know how best to meet it, pleasantly, easily and surely, will have much to do with our success as physicians.

Any method of treatment that only looks to temporary relief, with out pushing on to a permanent cure, is as unsatisfactory when prescribed by the physician, as the various nostrums constantly foisted upon a suffering public for this purpose.

The first thing in the treatment of a case is, through proper means, to secure daily movements. Second, a daily motion at a certain time. Without this any method will be disappointing and unsuccessful. Further, the means taken to secure this result must be of such a nature and form as to admit of a gradual reduction of dose as a curative effect is produced.

Among the many vaunted remedies for constipation, I know of none that takes the place of aloes or its active principle, aloin. This, when properly modified and supported, as in the formula given below, stands without a peer. The drug, in varied combination, has been used for many years. The one in which I now use it, and in which it is being so successfully used by great numbers of the profession, was suggested by our esteemed friend and co-worker, Prof. W. F. Waugh, formerly of Philadelphia, but now of Chicago. His original prescription known as "Waugh's Laxative" (original formula) was:

* From the Medical Summary.

- R. Ext. aloes. purified . . . gr. 1-12
 Ext. nux vomica gr. 1-24
 Ext. belladonna gr. 1-60
 Oleoresin capsicum . . . gr. 1-140
 Powdered ipecac gr. 1-120

This the Doctor still favors, but for those who prefer the active principles he suggests the following anticonstipation "Waugh's laxative" (alkaloidal formula).

- R. Aloin gr. 1-12
 Strychnine sulph. gr. 1-500
 Atropine sulph. gr. 1-2500
 Oleoresin capsicum . . . gr. 1-240

Either one is all that could be desired. We quote the following from the special directions written by Prof. Waugh for the use of these granules. "The granules are to be given in doses sufficient to cause one evacuation daily and no more. As the habit becomes established, the dose must be lessened until it can finally be dropped altogether. Experience shows that the best results are obtained by dividing the daily dose into three, as by this means a tonic instead of a stimulant effect is produced.

Begin with six granules before each meal. If this be not enough, give nine or twelve; but just as soon as the least over action is produced, lessen the dose to four, three, two, or one as each case demands; the rule being to lessen the dose whenever a second evacuation occurs in one day.

When the dose has been stationary for one week with no overaction, lessen the dose again; and so on every week. cutting the granules in two, four, or eight if necessary. When they can no longer can be reduced, drop the mid day dose, a week later drop the evening dose, but continue the morning dose for weeks later to clinch the cure." I have followed these directions with excellent results and my patients declare that they never had anything work as nicely as these granules do.

I feel it my duty to mention this combination as the need for it is so universal and the granules are so cheap and nice to keep on hand for dispensing. I believe that every physician should be supplied with

such every day remedies for the sake of his patients as well as himself.

Ravenswood, Chicago, Ill.

Our only excuse for printing the above, is that it may be of interest to some of our readers in connection with Dr. Waugh's article on this subject published in the January issue of the CLINIC.—Ed.

COLD AND CATARRHS.

BY J. A. WENDEL, M. D.

The pernicious effects of cold upon the animal body in so great and so universal, that no age or condition in life exempts or gives an immunity to any; certain persons however have a much greater susceptibility to its influence than others. It is either directly or indirectly the most potent agent of all in the cause and aggravation of disease. It effects the animal body, no doubt, by the profound impression it makes upon the vaso-motor nervous system, impairing the uniformity of the circulation, inducing congestion and, sometimes, inflammation by throwing too much blood upon internal organs and robbing others of their due supply, thereby increasing the secretion and excretion of one class and diminishing or suppressing that of others. It is in this way that the phenomena of catarrh is brought about. Catarrh is not a disease, only the result of nature's efforts to eliminate the waste and poisonous matters which have to be cast out in order that the health and life of the living body may be maintained. As is the case in all other disease producing causes, the weakest or most exposed organs suffer most.

Now, supposing any organ, gland or a mucous membrane is deranged through increased or decreased action, from the irritation of cold, what is the rational course to pursue? We answer, if the condition is one of irritation or congestion, the organ performing a vicarious duty, we must assist nature in her conservative efforts, by the use of diluents and soothing relaxants, together with diuretics, diaphoretics and mild purgatives, as the Abbott seidlitz salt, warm aromatic drinks, the warm bath, or any eliminants which drive out effete

matters. When these peccant matters have been cast out, the crippled organ restored and all functional action regained, health will return and things will go on as usual.

But supposing, however, that the case has resulted in the establishing of an inflammation, says of the pharynx, tonsils, nasal passages, or the mucous membrane of the stomach or bowels, or the parenchyma of some organ of the body, what is to be done now? Here a somewhat different course is to be pursued. The inflamed organ calls for rest and must be indulged, for physiological rest, when a part is organically diseased, is nature's great restorative. Then gently excite an increased action of such organs as are best able to perform the vicarious work of the ailing part. The most usual organs conscripted into this service are the nasal or the bowels, but the kidneys or the skin may be called upon, or all may contribute a share in this work. This is only acting in the direction of the pointings of nature for we often see a spontaneous evolution in these organs by the setting up of critical discharges, as a coryza, diarrhoea, a free diaphoresis or diuresis; all are salutary in their action and when they occur for cause, should not be hastily interfered with, although they may seem to be excessive.

Under all these circumstances let the physicians take a practical view of the condition and treat it on common-sense principles. Having acted in harmony with the requirements of nature in the use of hygiene and simple domestic remedies, as proper attention to housing in a well ventilated room, bathing, general packing, or other ablutions as the case may require, with strict attention to diet, which must be liquid and (especially if the fever be of a sthenic character), restricted in quantity as well as kind. But can we do anything which will cut short the attack, abort the inflammation, render the patient more comfortable, tide him over the danger, prevent the destruction of some vital organ and, perhaps save the patient's life?

In common with many other practitioners I formerly entertained the idea that we were nearly impotent to shorten the course of a catarrh or an inflammation, but recent experience has taught me that we can frequently shorten these attacks and, in many instances, prevent the destruction of organs and save many a victim from an untimely grave. Many will ask how can this be done and what are the means employed that will produce this result? I answer that the remedies which have served me best, and with which I nearly always succeed, are as follows: First, a mild laxative, usually Abbott's seidlitz salt or some other saline, assisted, where practical, by large enemas to quickly clean out the alimentary canal and remove the fecal accumulations which are nearly always present; at the same time I employ such specific remedies as are indicated in the case. If it be a tonsilitis or a pharyngeal, faucial, nasal, or other inflammation of the mucous membrane of the air passages, I use the bisulphite of soda freely, in dilute solution and if high excitement accompanied with fever is present, I use aconitine (Abbott's) and at the same time a spray of hydrate of chloral thirty to forty grains to six ounces of water and an ounce of glycerin; this may be used as a gargle or applied with a swab to all accessible parts.

If inflammation occurs in the lungs, I usually conjoin acetate of ammonia with the above treatment. This acts as a gentle stimulant, diaphoretic, diuretic, and resolvent, and is nearly a specific in pneumonia.

The free use of water, internally and externally, with liquid food given according to the requirements of the case, will usually tide the patient safely over the attack. I require the water used warm, never cold, often as a half-pack, extending from armpits to midway over the thighs and have the patient remain in the pack until a gentle perspiration is induced and then wrapped in a blanket to encourage further sweating; after this the surface must be gently dried and necessary precautions taken to prevent

catching cold. This should be repeated as the fever may demand. Other inflamed organs must be treated on the same general principles. If this course be judiciously pursued, the number of subjects relegated to the undertaker will be very few.

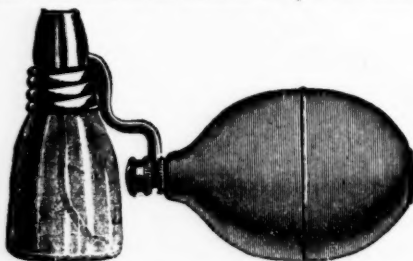
I am aware that my article is somewhat lengthy, but I could not make it shorter and do anything like justice to the subject, and yet I have left many things unsaid which no doubt could be added to advantage.

Pendleton, Ind.

This article has been on hand some time, but now, as colds and catarrhs are quite the thing at the break up of a hard winter, we give it space in the "Clinic" feeling that it is a rational, practical exposition of this every-day condition, which is too often bunglingly and unsuccessfully treated. The Doctor's ideas are good, his understanding of the rationale correct, his treatment simple (as all treatments should be) and effectual. No one can read what he has to say without profiting thereby.

We have a letter from Dr. F. J. Craddock of Tennessee, asking for just such an article and we trust that he will enjoy this. The Doctor also asks what we consider the best single spray atomizer and we answer unhesitatingly, the Magic No. 33 made by the Davol Rubber Co., of Providence, Rhode Island.

All pipes are hard rubber and bulb and connections first class. They are in daily use in our office and we will send one postpaid to any address, for \$1.00. With this we will send twenty-five "menthol compound" tablets. For cleaning purposes we consider this one of the best sprays. One tablets makes half a pint of solution. Following the cleansing spray or douche, we are in the habit of using, and with the best of success, an oil atomizer as per cut shown.



In this we use various compounds upon a liquid petroleum basis. One of the best is campho-menthol. We will send an oil atomizer and two ounces of the above solution by mail postpaid on receipt of \$1.50. With these preparations and rational, simple hygienic treatment of a general character, we are constantly modifying and curing naso-pharyngeal catarrh, quickly, pleasantly and surely. Don't forget, however, that the cause must first be removed.—Ed.

MISCELLANEOUS.

Correspondence, Reprints, Etc.

SPINAL IRRITATION.

BICHROMATE OF POTASH IN CROUP, ETC.

EDITOR ALKALOIDAL CLINIC:

In accordance with your request for reports on the treatment of spinal irritation, I will give you a case which came under my care some five years ago. The Rev. Dr. K. came to see if I could do something for his daughter, aged 17, who had sustained an injury to the spine by falling several years before—had at times been compelled to remain in bed and had received considerable treatment. Climbing steps at school would cause her much trouble and make her worse. Her schooling being neglected for this reason caused her father much anxiety.

I cupped her spine well and painted it with tr. iodine three times a week; gave five grains of potassium iodide three times a day—later fl. ex. ergot to mimic three times a day. She has since been able to attend the Ohio Wesleyan University and has remained well. Blistering would be quite as well but most people would prefer relief without it. Where the cause is ovarian or uterine trouble, the treatment should be directed to its relief. Treatment may be so varied in different cases that a satisfactory one could not be given without first examining the patient.

My attention was called to bichromate of potash ten years ago. A gentleman told me he always gave it to his children for croup, that it was the best thing that could be given and would always give relief in a few moments. I did not give it much attention as I thought I had other and more reliable remedies than this livery man could tell me of. Later, my sister told me that he took a piece the size of a pea and dissolved it in a cup of water and give a teaspoonful every few minutes until the child would vomit and then be over the croup.

What can be done for puffing of the eyelids in cases that otherwise seem to be enjoying good health, no arsenical medicines being taken, urine normal—specific gravity several months ago had been too high?

Alkaloidal granules have come to stay. When first trying them, six or seven years ago. I thought I could never depend on them, being so small and difficult to dispense, but I am learning slowly to use them. I cannot give nauseating solutions in pneumonia and colds. We all know how disagreeable muriate of ammonia and some others of the same class are, how they soon destroy the appetite of the little ones while the cough is still tight.

Two years ago our baby, three months old, was very low with catarrhal pneumonia. Emetine with a little spirits to support the heart was all the internal

medicine it received and it came through nicely. Many a time the granules have done good work for me.

I like the "Clinic" very much. It is a great help in using the granules. For example, having seen several reports on the treatment of neuralgia with gelseminine and gelsemin, two granules every two hours, and having had supraorbital neuralgia for two days myself, I took two granules of gelsemin, gr. 1-134, every two hours, for five doses, when the pain stopped and has not returned. The article on "Scientific Borrowing" prompts one to think I have been borrowing from others without paying back, hence this article. If it is worthy of space in the "Clinic," use it, if not, I will be pleased to read some other in its stead.

F. H. Clouse, M. D.

Crestline, O.

We will leave our readers to say whether the Doctor's article is worthy of space or not. Our opinion is expressed by printing it. Seriously, Doctor, we have enjoyed reading it much and feel sure that others will as well. It is of value. The great difficulty usually experienced in the treatment of spinal irritation is getting the patient to take sufficient nourishment. At least that has been the experience of the writer in such cases as have unfortunately come into his hands. We trust that much good will come to the readers of the CLINIC through the discussion of this question.

Bichromate of potash is a valuable remedy in the condition mentioned and it certainly has further action than that of an emetic.

It is probable that tonics will do the most good for the patient with puffy eyelids and we would suggest arseniate of strychnine, three to five granules three times a day. The difficulty experienced by Dr. Clouse in handling the granules, deters many from becoming familiar with their use. If such will persevere, as he has, they will come to the same conclusion, that there is much good in them.—ED.

GELSEMIUM IN SPINAL IRRITATION.

EDITOR ALKALOIDAL CLINIC:

If my "mite" will be of any value to you in the treatment of Spinal Irritation, I will willingly contribute it. I have been in almost every case (where there was no uncertainty in the diagnosis) successful in overcoming it and perfecting a cure by the

use of gelsemium. I dilute the mother tincture to the strength of one part of tincture to nine parts of alcohol, giving from three to five drops four times a day. It almost invariably ameliorates and generally perfects a cure.

R. T. MARKS, M. D.

Erie, Pa.

The doctor's experience agrees well with that of those who are now making use of gelseminine, the active principle of gelsemium, one or two granules of which, gr. 1-250, will correspond practically to the dose of a good tincture as indicated, and have the added advantage of being handy to use, pleasant to take, and always the same.—ED.

SPINAL IRRITATION.

EDITOR ALKALOIDAL CLINIC:

Recent reference to Spinal Irritation brings to my mind a case I helped treat last summer. We used the syrup of iodide of iron, very small doses of aconite, gelsemium and belladonna, with quinine as a tonic and counter irritation to the spine. The case grew worse and began to show signs of convulsions. As a last resort I gave bromide of sodium in large doses, repeated every half hour until the spasms were controlled, then every two hours. This was in the morning. At my evening visit my patient had turned himself in bed and the tenderness was nearly all gone (he had not moved himself before for two weeks), the next morning he could stand alone and by evening walked across the house and was around in three or four days. He has been well ever since. I continued the syrup of iodide of iron for some time. What cured my little patient so quickly?

J. K. OMEN, M. D.

Harrisville, Ind.

This case is not one of true spinal irritation, which is a chronic condition, but one rather of acute congestion of the spine, the bromide of sodium was the key-note to the Doctor's success. This reduced the congestion by contracting the capillaries in the cord, and then the patient got well. The syrup of iodide of iron is a good remedy in these conditions, as it is both tonic and absorbant at the same time.

ABBOTT ALKALOIDAL CO:

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MARTHA SHORT, M. D.

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4. We to-day are the only importers of fresh [undried] Kola from Africa.

5. We have done more scientific work on Kola than any other American house. (See our 80 page monograph issued last year, 1894.)

6. We have done more by liberal advertising in the pharmaceutical and medical press to call Kola to the attention of these professions than all other houses combined.

THEREFORE we consider ourselves headquarters for Kola and its preparations, and believe the professions will endorse our position.

FREDERICK STEARNS & CO.,

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Manufacturing Pharmacists, Detroit, Mich.
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Pil. Cathartic Comp.,

"Active,"

P. D. & CO.

Purified Aloes	1-8 grains.
Gamboge	3-16 grain.
Powdered Capsicum . . .	1-2 grain.
Oleum Tiglil	1-50 grain.
Podophyllum Resin . . .	1-8 grain.

This formula is introduced to meet the demands of the profession for a cathartic pill which would embody the virtues of the U. S. P. formula, and yet be more active. This activity is secured by the introduction of 1-50 grain of oleum Tiglil.

The general objection which exists to the internal administration of oleum Tiglil is not based upon any venable ground, and arises only from mistaken ideas regarding the drug. The oil is a drastic purgative in doses of one-half to three drops, but is merely stimulant, cathartic and alterative in doses of 1-60 to 1-20 grain.

Parke, Davis & Co.,

Detroit, New York, Kansas City, U. S. A.
London, Eng., and Walkerville, Ont.

CANNABIN AND CANNABINE.

EDITOR ALKALOIDAL CLINIC:

In regard to Dr. Waugh's excellent paper in the February CLINIC I would like to inquire why he says "worthless cannabin"? Is this an exception to the rule that alkaloids are more reliable than tinctures, infusions and extracts? I see that Shaller's Alkaloidal Therapeutics, which I have just received, does not mention cannabin among the alkaloids. Bartholow says "it is the most important constituent of hemp and possesses the active powers of the plant." The leading manufactures of alkaloids place cannabin on their lists. I like the alkaloidal idea but so far I have confined myself to a few. The ones I find most satisfactory are aconitine, atropine, morphine and strychnine. I also get excellent results from zinc sulphocarbolate and the compounds "Anodyne" (Waugh) "Anticonstipation" (Waugh, alk.), "Uterine Tonic" (Buckley) and "Coryza." Why not make an anticonstipation granule suitable for children?

Alkaloidal granules and the CLINIC are valuable additions to my work. C. A. DONALDSON, M. D.

Minneapolis, Minn.

Many are led astray in the matter of nomenclature. In bygone days of chemical uncertainty, names were given to many substances without a clear understanding of what these really were, hence the first manufacturers of granules, our European friends, being obliged to use such knowledge as they could get, have been the means of engrafting the professional mind with many beliefs that, in the light of the exact chemical knowledge of this day, are known to be errors. These errors are so deeply rooted, that even some American granule makers yet, either not aware of this or catering to the error so long existing, list numerous active principles under names to which they in no wise belong.

To standardize these all-important preparations, to bring order out of chaos, some years ago, Merck, our highest authority on this subject, adopted the following simple rule which had been tacitly accepted by chemists the world over. Referring to Merck's index, page 5, we read: "The ending 'ine' is reserved strictly for two classes of bodies: Elements (chlorine) and Alkaloids (strychnine); while Glucosides and Resinoids drop that 'e', ending in 'in.'"

This is simple, clean cut, concise, easy

to carry and should be regarded by all; yet we are sorry to say, it is not. You will find the glucosides arbutin, bryonin, digitalin, elaterin, etc. written in "ine," leading you to infer that they are alkaloids. See also cotoin, iridin, scillitin, asparagin, and a host of others; even the familiar "extract of pig," pepsin, masquerades in "ine."

The necessity of this accurate standard is well illustrated by the questions above asked. Cannabin and cannabine are two distinct preparations from the same source. The one in "ine" is an alkaloid, very expensive and present in the drug in so small an amount that it becomes, practically, a chemical curiosity. The one in "in" is a resinoid, which is claimed by Bartholow and others to represent the full activity of the drug. The derivatives of gelsemium also illustrate the same point; gelsemin in a resinoid or concentration while gelsemine is an alkaloid. The gelsemine listed by some, whatever it may be, is "back number" nomenclature, the best you can say of it.

Children of two to three years of age can readily be taught to use Waugh's Laxative granules. With infants the granules of calomel come in very nicely, while the granule of croton oil, gr. 1-12, is also a most excellent preparation. Its action is like that of castor oil and, in this small dose, one of which may be given a baby one to three times a day, its action is excellent. It works mildly and pleasantly without any unpleasant effect whatever.

—ED.

HARD TIMES.

EDITOR ALKALOIDAL CLINIC:

This has been the hardest of all the hard years I have seen in over a quarter of a century of practice. Too many doctors, depressed conditions among the agricultural classes and, last but by no means least, the unfair dealing of the retail druggists, we being mere cat's paws and to my certain knowledge they are getting the chestnuts. The only hope for us is to furnish our own medicines and with the general adoption of dosimetry, or alkaloidal medication, this can easily be accomplished.

Leonard, Texas. G. GARNETT KEMPER.

So say we all of us.—ED.

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Fresh, twice dipped from two calves. We'll send you three on receipt of 27 cents in stamps. Six for 52c or 12 for \$1.00.

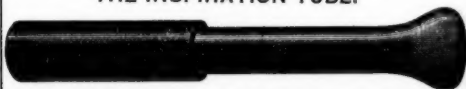
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We manufacture Granules of the Active Principles. Among other reputable manufacturers we solicit a share of your patronage. Send for our price list and give us a trial. Our Sexual Tonic Granule (No. 341) for Spermatorrhœa, Involuntary emissions, etc., is a success. Only 25 cents a hundred, or \$1.85 a thousand.

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THE ALKALOIDAL CLINIC,
Ravenswood, Chicago, Ill.

BILLS AND COLLECTIONS.

EDITOR ALKALOIDAL CLINIC:

I wish to ask the readers of the CLINIC about the advisability of having our bill-heads printed thus: "All bills due when presented" and "25 per cent discount if paid in 30 days, 10 per cent discount if paid in 60 days, 5 per cent discount if paid in 90 days," at the bottom. The reason I ask this is that the doctors of this place have credited and credited and credited, until everybody owes every doctor and I anticipate much work among these same debtors. Now I must charge the same price or they will accuse me of underbidding, which I think would not be advisable. Having just moved here, I of course will get poor pay at first. Would the above bill head be a stimulant and advisable, or would it be an imprudent step?

What is the price of Dr. Dumas' "Anti-malarial Granules?" I think they must be good for this "bilious climate."

Waugh's Laxative Granules are doing my "Section Boss" good. I gave him the strychnine et phos. compound granules you sent me. He will not submit to circumcision yet. I will let you know the result when I hear from him again.

Atlanta, Texas. F. M. LENNARD, M. D.

It is advisable that the members of the CLINIC Brotherhood discuss this subject as it is of importance and we have too little to say about the business part of our work. The above has been tried often and as often abandoned. Those who can pay will take advantage of the discount; those who cannot pay will feel "disgruntled" that they have to pay more than their well-to-do neighbor, therefore will be slower than ever and, perhaps, not pay at all, so the doctor has lost in both instances; in the one by the discount and the other as indicated. It seems that this matter is best decided by each for himself, for the locality in which one works has much to do in determining a decision. If grocers' bills are due when goods are delivered, why not doctors' bills due when service is rendered? That seems the most rational supposition and, when one has charged a fair price, why should it be discounted.

The price of Dumas' Antimalarial granule is per. 100, 30 cents; 500, \$1.25; 1000, \$2.25.

We are glad to know that the "Section Boss" is doing nicely and wish the Doctor

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would write out a history of the case with treatment for the CLINIC.

Will not others please express their views along the lines indicated?—ED.

CASE REPORTS FROM A NEW BEGINNER.

EDITOR ALKALOIDAL CLINIC:

I wish to report two cases. A few nights ago I was called to see our minister's little child about two years old. He had a full, quick pulse, considerable fever and was drowsy and dull. All the medicine I had with me was the little premium case you so kindly sent me. I told them that I had not a full supply of medicine, but would prescribe from the little case and call in the morning. I put six granules of atropine sulphate, gr. 1-500, and ten of caffeine, gr. 1-67, into a glass with ten teaspoonfuls of water and ordered a teaspoonful every half hour for four doses, then every hour until the child was better. I called in the morning to give some more medicine but found none needed. They said the child was better after the second dose and so they did not give any more medicine.

About March 1, 1893, my wife was seven and one-half months advanced in pregnancy; in spite of all treatment she had vomited a good deal at times and in the first week in March she was again taken with vomiting. I treated her according to the old routine; tried everything I could think of; called counsel and tried all that was suggested, but her vomiting continued and I began to despair. On the 18th labor commenced, and the child was delivered with instruments at 2 p. m. the 19th. She was so weak after two weeks' vomiting, that she was helpless. The child being premature only lived two days. My wife is now pregnant, lacking four weeks of full term. A few nights ago she was extremely nervous and restless. I gave her ten grains of antikamnia, which quieted her for a few hours; then she began to vomit and I felt alarmed as she appeared just as she did before. I began to study the matter in earnest. Finally I got up at 4 o'clock in the morning and opened that little case of granules, feeling like a man lost, not knowing which to choose, but my judgment, or instinct, told me to stimulate the nervous system, especially the pneumo-gastric, which would indicate strychnine arseniate; she was suffering from migratory neuralgic pains, first in one place and then in another, this would indicate glonoin. I gave her one of each every fifteen minutes, until four doses were taken. Then another dose in one hour and then a dose every two hours through the day. Was my judgment and prescription right? The result was good for she did not vomit after the first dose and soon got quiet and slept and has been up and around the house since, all right. Yesterday and to-day I gave her atropine and glonoin.

Dr. Walling's Fine Pharmaceutical Specialties.

HERNIAL FLUID—A strictly antiseptic, effective and safe fluid for the treatment of HERNIA by the injection method. No unfavorable results have followed its use in a single instance. Its reputation is thoroughly established. It leads all others. I have also devised a **Hernial Syringe with a trocar and canula needle**, so adjustable as to readily enter and follow the inguinal canal, thus avoiding injury to the cord. This is the most complete instrument in the market.

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Price of one half bottle, enough for three cases..... 2.50 net
Price of Hernial Syringe, one plain and one trocar and canula needle..... 6.00 net
If a full bottle of fluid and the syringe are ordered at one time..... 10.00 net
Full directions and statement of ingredients accompany each bottle of fluid.

The injection method has established a permanent position in the treatment of reducible hernia, and the percentage of cures is greater than by operative procedure if proper instruments and fluid be used. Progressive physicians all over the country are adopting it with good success.

A reprint from the Medical and Surgical Reporter, on this method, will be sent upon application.

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The most gratifying results have followed the use of this solution in the sclerosis, such as locomotor ataxia, etc., in spinal irritation, melancholia, and all forms of nervous debility. In impotence, it has been very effective. Each ten drops contain 1-32nd of a grain each, of the tri-bromide of gold and the oxy-bromide of arsenic.

SOLUTION OF THE TRI-BROMIDE OF GOLD AND THE OXY-BROMIDES OF ARSENIC AND MERCURY.—

An ideal tonic alternative; and a specific in all conditions arising from syphilis. Each ten drops contain 1-32nd. gr. tri-bromide of gold and 1-32nd. each of oxy-bromide of arsenic and Mercury.

The dose of each solution is from five to ten drops, in water, at meal time, to be increased or diminished, as the attending physician may direct.

My gold solutions are perfectly transparent, and permanent, and of a beautiful magenta color, the latter being due entirely to the tri-bromide of gold present. The oxy-bromides of the other metals are colorless. Price, per 1 oz. bottle, \$1.00; 2 oz. \$1.50, net, sent prepaid upon receipt of the amount.

Goods ordered C. O. D. should have one fourth of the amount with the order. Remit by draft, money order, express order, or registered letter, payable to my order.

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Publishers.**301 Plum Street, Cincinnati, O.**

While writing this I am giving a man one granule of strychnine and two of zinc sulphocarbolate to stop vomiting after a painful surgical operation. I am bound to go on with the remedies as long as they keep surprising me as they have done so far, and may the d——I get me if I don't empty out my saddle bags and stop giving so much nasty medicine. I thought I had it down fine before, but the dosimetric granules beat anything in appearance, convenience, taste, smell and results. It seems like quite a change after years of practice in the old way, but I want the best for my patients and shall try to get there by help of the CLINIC.

Bothell, Wash.

R. L. Chase, M. D.

Our little premium case has surprised many of our friends. Nine well selected remedies in the pocket at all times are not to be despised in a tight pinch. In a case like the first detailed, where venous congestion of the cerebrum produced stupor, nothing excels atropine and caffeine as given. The dose in each instance must be small, and it was fortunate that the child's parents stopped just when they did as a continuance of the medicine, in the dose prescribed, would no doubt have produced an active congestion, the very thing to be avoided.

In the second case, the use of strychnine and glonoin was strictly in accordance with the physiological action of these drugs. A depressed state of the nervous system and transitory congestions, giving nerve pain, are conditions which could not be better met than by the use of these two remedies.

We hope the Doctor has his saddle bags at least half full of alkaloidal granules by this time and we shall be glad to hear from him again.—ED.

RHEUMATISM.**EDITOR ALKALOIDAL CLINIC:**

Please let me know before my CLINIC runs out for I should miss it very much were I to lose one number. I have a case to report in honor of the alkaloidal granules. I am new in using them but they are grand. On November 20th I was called to see a patient, aged 7, suffering with rheumatism. The symptoms appeared the day before I saw him; chills, fever, general prostration, headache, constipation, loss of appetite coated tongue, hot skin, temperature 103, with an unsteady pulse of 125. His right knuckle joint was swollen and of a purplish color, as

was also his right index finger; he was in pain all over but more in the joints, as he said I was loaded with the Abbott granules and gave seidlitz salt, followed by colchicine, quinine hydrofer. Trinity No. 2, brucine and ergotin, one of each together, every half hour, and ordered witch-hazel and hot water, equal parts, for the joints, the parts to be bathed every hour and rubbed in again between times. For the pain and sleeplessness I gave him Waugh's Anodyne for Infants. At my second visit, which was twenty-four hours later, my patient was up, limping around the room. I was surprised. I never saw a rheumatic patient get up so quickly. I am for this method of treatment hereafter and will make it my life study.

G. I.

The Doctor's first experience was a happy one. It will not always be as satisfactory. It is seldom that the exciting cause is so easily overcome, even if the symptoms have been nicely modified. He was fortunate in being called so soon after the initial symptom set in. This is not often the case. People generally try to "quack" with rheumatic patients for a time, until organic changes have taken place and then they are difficult cases to handle. Modifiers of the circulation, tonics to the nervous system and eliminants like colchicine and benzoate of lithium are our best remedies; these, with removal of cause, will speedily control most cases. We shall hope to hear further from our friend.—Ed.

SUPRA-ORBITAL NEURALGIA AND GLAUCOMA.

REPLY TO DR. PORTER.

EDITOR ALKALOIDAL CLINIC:

The query of Dr. Porter in the January number of the Clinic as to how one would distinguish between supraorbital neuralgia and commencing glaucoma, has led me to venture a reply. To give a full description of glaucoma, would take up too much space and time for the present; if in the future this is desired, I may do so. The distinguishing features of glaucoma are increased tension of eye ball, pain in eye and forehead, congestion of the scleral and conjunctival vessels, sub-conjunctival oedema, swelling of lids; in a short time chemosis and tumefaction become very marked and the pain very intense. The cornea may become hazy, the pupil dilated, the iris discolored and diminished to a narrow ring. The visual field is contracted on the nasal side. There may be serious constitutional manifestation, such as nausea, vomiting and all appearances of a

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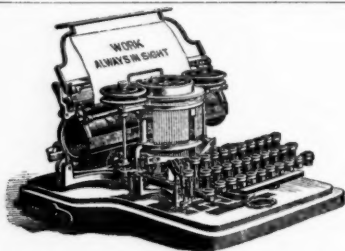
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bilious attack. The cornea often becomes in a great measure insensitve, so that it may be touched by a piece of paper, or other substance, without any resistance on the part of the patient.

In conclusion I would advise that in case of doubt, an oculist be consulted, as the effects of glaucoma are disastrous to the vision of the eye effected.

Washington, D. C.

C. R. DUFOUR, M. D.

PUERPERAL FEVER.

EDITOR ALKALOIDAL CLINIC:

A case of fever following confinement, some nine days, temperature 105 degrees, abdomen considerably swollen, tongue coated white. Gave calomel, gr. 1-6, two hours apart and after eight had been taken gave a seidlitz powder (did not have any seidlitz salt at hand), bowels acted nicely. At the same time I gave aconitine, gr. 1-134, every hour and then every two hours, as fever subsided. I also gave appropriate doses of digitalin and strychnine arseniate, with a douche of a solution of chlorate of potassium. The temperature soon came down to 102 1-2 and, gradually, under the continued use of the granules, it came down day by day until about the fifth day it left entirely and everything seemed to be in good shape. Then I let my patient up and I have not seen her since. L. E. PARR, M. D.

Beeville, Texas.

The above is an extract from a personal letter to your editor and is given to show the curative action of the defervescent alkaloids in this critical condition. Just how much is due to remedial and how much to local treatment is hard to say, but here, as in all other disturbances, to keep the fever down and aid nature to overcome the diseased condition is the plain duty of the physician in charge.—ED.

PNEUMONIA.

EDITOR ALKALOIDAL CLINIC:

As I have a few leisure moments, I will comply with your request and give a few items from my experience with Alkaloidal medicaments.

To say I am wonderfully pleased with the premium pocket case sent me, does not express my feelings of gratitude at all. I do not want to occupy much of your valuable space as I am a new beginner. Though I have been practicing medicine for 35 years, I am still a student and always expect to be. I have lived to see two complete revolutions in practice, but the change from the tinctures and fluid extracts, solid extracts, etc., to the active principle, is the grandest for me. When I give a dose of the little granules, I know just what effect to look for.

In the last few days, I have treated five cases --

pneumonia in infants. For those under one year of age, I put one granule each of aconitine and digitalin (and if suffering much, one of codeine) in twenty-four teaspoonfuls of water and add two drops of tincture of veratrum and give one teaspoonful every hour, until the fever begins to decline. Then every hour and a half or two hours as needed to control the fever. I order linseed poultices to the chest with embrocations of lard, camphor and turpentine. This treatment was all I could ask, as it was attended with complete success in every case. I have used this method in appropriate dosage in several cases with adults, with the same success, and I am delighted with the little granules. They are so potent for good, and so well suited to the treatment of all ages and conditions. I will write up more cases soon.

W. H. Niel, M. D.

Mayfield, Kans.

We desire to commend the Doctor for beginning right and giving the CLINIC the benefit of his first experience in ALKALOIDAL MEDICATION. When he becomes familiar with more of the granules, he will use one of veratrine where he used two drops of the tincture and we trust that we can induce him to pack thickly in cotton batting instead of using poultices, for we are sure if he would try this with his embrocations he would find it just as efficient, and much pleasanter and easier for all concerned. We are pleased with the promise of other reports.—Ed.

ENURESIS.

DEAR DR. ABBOTT:

It affords me great pleasure to express myself as having most satisfactory results from the use of the alkaloidal granules of your manufacture. I find my patients come back to me for medicine when necessary, instead of going again and again to the drug store with a prescription number to be refilled. It is a great convenience to carry such a variety of pleasant remedies in so small a package as a pocket case.

If you care to, would be glad for your treatment for enuresis. I read the Alkaloidal Clinic with both profit and pleasure to myself and know my patients are also benefitted.

Wishing you ever increasing success, I am, fraternally yours,

Dr. I. S. WEYAND.

Belle Fourche, S. D.

The treatment of enuresis must depend upon its cause. This may be atonicity of the vesical sphincter, allowing the bladder to leak, or an irritating urine which causes

the bladder to empty too soon. The former is the more common condition and full doses of atropine and strychnine at night seldom fail to effect a cure. If the cause is irritation, a more bland urine must be induced by the use of asparagin, arbutin or lithium benzoate, ten to twelve granules of either daily.—Ed.

HELP WANTED

Dr. F. M. Lennard of Atlanta, Tex., asks help in the case of a young man of healthy parentage who was perfectly well up to August, '94, when he got his leg broken under a piece of lumber—a compound, comminuted fracture. He was treated in one of the hospitals and much difficulty was experienced in getting his leg into shape, it having to be rebroken and rearranged once or twice. He returned home the

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| | Oleoresin capsicum, gr. 1-240. |
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| | Aloin, gr. 1-12. |
| | Strych. sulphate, gr. 1-500. |
| | Atropine sulphate, gr. 1-2500. |
| { | Oleoresin capsicum, gr. 1-240. |

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last of October. About January 1, 1895, erysipelas so called, developed in the broken leg, extending from the ankle to knee. He finally came into the hands of Dr. Jeters who called Dr. Lennard in consultation. Some two weeks later he began to scale over the entire body, excepting the palms and soles and continues to do so. His temperature ranges from slightly above normal to 102 degrees and his body has a very peculiar smell. The broken limb is swollen and tender, and the patient very restless. The gentlemen in charge want the help of the CLINIC readers. Dr. Lennard has very wisely suggested calcium sulphide.

We will not venture a positive diagnosis but submit the possibility of septic absorption going on in the broken leg and that the erysipelas was very likely a periostitis.

The calcium sulphide certainly should be pushed hard, as high as thirty granules a day, with ten or twelve of arseniate of strychnine, and most nourishing diet. This septic, squamous condition of the skin requires bland, soothing applications, and will only be modified by internal treatment. In addition to the above, the bowels should be kept freely open with seidlitz salt. If the fever goes down after the use of antiseptics, all well and good. The above treatment modified, will most likely cure the case. If the fever persists, its cause must be sought for and removed.—ED.

The substance of the above surmise of condition and indications for treatment was written to Dr. Lennard and as we go to press we hear from him that the ankle has been opened and that the scaling has disappeared, while the patient, who went back to the hospital, is slowly getting well.—ED.

EXOPHTHALMIC GOITER.

EDITOR ALKALOIDAL CLINIC:

I would like advice in treating a case, by the alkaloidal method, of exophthalmic goiter of seven years' standing, in a young woman twenty-three years old, healthy in every respect except this trouble and some irregular menstruation. I read the "Clinic" with interest. The many suggestions which you

have given in the correspondence department has led me to write you. I hope you can offer me help in this case.

Brashear, Mo.

JAMES HANKS, M. D.

This condition is one of hyperactivity of the thyroid gland, due to congestion induced by over-activity of the heart. The successful remedies are modifiers of the circulation and stimulants of the vaso-motor nerves, especially the vaso-constrictors. As we have here a localized congestion, glonoin is indicated, with other remedies; therefore, we will suggest the combination, in this case, known as Heart Tonic. The formula is:

Digitalin.....gr. 1-134
Strophanthin.....gr. 1-5000
Strych. sulph.....gr. 1-500
Sparteine.....gr. 1-40
Glonoin.....gr. 1-500
Cactus grand.....

....For 1 granule $\frac{1}{2}$ drop

Of these, three should be given before meals and at bedtime and the dose should be increased by one or two until the heart is slowed and the pulse full. With this, ergotin, six granules, and bromide of sodium, ten to fifteen grains, should be given at 10 a. m. and 3 p. m. It might be necessary to add to the "heart tonic," instead of increasing the dose, one or two granules of digitalin. The heart must be quieted and the vaso-constrictors stimulated, to hold this localized congestion in check.—ED.

HAMAMELIN.

EDITOR ALKALOIDAL CLINIC:

Replying to your request in the February "Clinic" will say: My experience with hamamelin is so limited I cannot give the desired information. In varicose ulcers I have obtained better results with than without it, although have always used it in combination with other remedies. I consider it a tonic to the nervous system, beyond which I cannot speak from experience.

W. D. JAMES, M. D.

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ASTHMA.

DEAR DR. ABBOTT:

A firm friend to alkaloidal medication and a subscriber to the Clinic, I would be pleased to have you answer a few questions in regard to a patient under my care for the cure of asthma. I read Dr. Garver's article in the February "Clinic" and have put my patient on to strychnine arseniate, gr. 1-134, five granules four times a day and propose to increase the dose as suggested by the Doctor.

Now this patient has had asthma for ten or twelve years. During the months of July, August and September, the hay-asthma season, he always has the worst time. He has had to burn an asthma powder at night very often to get relief. He has nasal catarrh and his hearing is somewhat affected. If he walks rapidly it brings on a coughing spell with short breathing and distress.

Now, in your comment on Dr. Garver's treatment you said that asthma can be cured and that the only thing in addition to strychnine arseniate that was needed in some cases was hyoscyamine. Will you please give the indication for hyoscyamine? I want to cure my patient, for he has been the round of the doctors and has spent lots of money and has almost lost faith. Does he need hyoscyamine? I shall appreciate whatever you can do for me.

Gaysville, Vt.

S. D. Sour, M. D.

Referring to the February CLINIC, page 25, the reader will recall that our comment was not quite as positive as would be inferred from the above. We read "About the only remedy needed in the treatment of pure asthma, outside of strychnine is, occasionally, hyoscyamine. If the condition has existed so long that the mucous membrane is diseased, then some modifier of this may need to follow but, as a rule, in the great majority of cases, when properly handled, the above treatment is successful." Dr. Sour's case evidently should be placed in the latter class. Spasmodic obstruction to the circulation, produced by irritation of the sympathetic nervous system, has no doubt not only brought about structural change in the bronchi, but induced a secondary debility of the heart evidenced by the dyspnoea experienced on exercise.

Hyoscyamine is always indicated in the presence of spasm—that is, a functional constriction of the bronchi—whether it be acute or chronic, and should be repeated,

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one to three granules every two hours, until relaxation occurs or the physiological effect of the drug, evidenced by a flushed face and dilated pupils, is induced. Asthma is a condition of disturbed equilibrium of the nervous system and hyoscyamine to relax spasm, with strychnine to tonify the longitudinal fibres, by steadying the nerve force, is the best possible combination of drugs for this condition. As an adjunct to overcome spasm, glonoin is of exceeding value. The compound granule known as "heart tonic" (each containing digitalin, gr. 1-134; strophanthin, gr. 1-5000; strychnine sulphate, gr. 1-500; sparteine sulphate, gr. 1-40; glonoin, gr. 1-500; cactus grand, 1-2 drop) is indicated in this case, three, four times a day. Additional strychnine should be added to this to bring the dose of the drug up to physiological endurance. If the glonoin fails to relax the spasm, then hyoscyamine should be taken between times as suggested above.

If this patient has spells of perfect ease, showing that organic constriction has not taken place, there is a good chance of curing him; if not, relief only can be expected.

We trust that the doctor's questions have been answered in a helpful way and await further report as well as expressions of opinion from others.—Ed.

NERVOUS DEPRESSION.

ANTIMALARIAL PILL (DUMAS) AND SEIDLITZ SALT.

EDITOR ALKALOIDAL CLINIC:

Every physician in a malarial climate is bothered with a certain class of patients who worry him. "I feel depressed, have no energy, I am restless, I can't sleep, etc." They are confined to their beds. We sometimes are at a loss not to know what to prescribe. Give them the effervescent seidlitz salt every morning before breakfast, to flush out the bowels, and one of the "antimalarial granules" (Dumas) every hour through the day for two or three days, then two granules before each meal.

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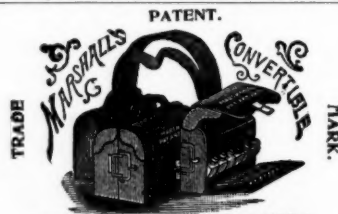
M. F. DUMAS, M.D.

The condition above referred to is usually one of autoinfection and is rationally

treated as indicated. The seidlitz salt clears the alimentary canal and prevents further absorption, while the "anti-malarial granules" (Formula: strychnine arseniate, 1-250; quinine arseniate, 1-134; iron arseniate, 1-12; quinine hydrofer., 1-6) stimulate the tissue to resist further absorption as well as to destroy and throw off that which has already been absorbed. We wish to thank the Doctor for bringing this matter before us.—Ed.

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Book Reviews.

ALKALOIDAL, DOSIMETRIC, LITERATURE.

"A Therapeutic Guide to Alkaloidal Medication" by John M. Shaller, M. D., Professor of Physiology and Clinical Medicine in the Cincinnati College of Medicine and Surgery, and Professor of Comparative Physiology at the Ohio Veterinary College, Cloth, 212 pages, \$1.50 postpaid, W. C. Abbott, M. D., Ravenswood, Chicago, Ill., or of dealers generally. This book has been too frequently mentioned in the "Clinic" and too many expressions of approval have been published to require any criticism here. There is much to be said for it and little against it. No physician's library is complete without it.

"Manual of Treatment by Active Principles and New Remedies." W. F. Waugh, A. M., M. D., formerly of Philadelphia, now of Chicago. By mail, postpaid, \$1.00.

This book contains 248 pages of practical helpfulness to one who desires to refresh his memory on the therapeutics of the active principles. It has but one fault, it tells too little about too many things; but this is nothing compared to the many good points it possesses.

"Elements of Dosimetric Therapeutics and Practice," by Dr. D'Olivieria Castro, Spain, 500 pages. By express \$4.00; by mail, postpaid, \$4.25.

Dr. Castro's work, of which this is the authorized and only English translation, has been justly pronounced the most remarkable single treatise on the modern method of rational therapeutics which has thus far been given to the medical practitioner. It constitutes a complete, definite and thorough exposition of the proper methods of using the alkaloids and other active principles of medicinal plants. Dr. Castro has kept prominently before him immediate practical needs of the physician, and has presented, with the consideration of each disease, carefully tabulated statements of the treatment demanded by the malady in its dominant and variant forms.

"Dosimetric (Alkaloidal) Therapeutics," or the treatment of disease by simple (Alkaloidal) remedies, Burggræve. Allbutt's English translation, 214 pages. Paper 30 cents, cloth 75 cents, postpaid.

This is a simple, clear, practical exposition of the principles and practice of alkaloidal medication in both acute and chronic work. It contains valuable tables, case reports, etc., etc.; in fact it is a "multum in parvo."

"New Practical Guide to Dosimetric Medicine by Burggræve," translated by Davis, 291 pages. Paper \$1.10, cloth \$1.60, postpaid.

This is the only English translation of his great work which more than all others, illustrates the wonderful scope of knowledge of its author. It has a wide sale and is more comprehensive in its scope than any other of the works of this wonderful man. The cloth bound volume is much preferred.

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C. W. CARLY, M. D.

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